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I hereby certify that I have reasonable basis to expect that, on the date shown below, this correspondence is being mailed or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

S. Robert Chuey
Name
Registration No. (if applicable) 39,140
Signature
Date 6-10-05

AF
IP&E

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/606,260
Applicant(s) : David Vincent Zyzak, et al.
Filed : June 25, 2003
Title : METHOD FOR REDUCING ACRYLAMIDE IN FOODS, FOODS HAVING REDUCED LEVELS OF ACRYLAMIDE, AND ARTICLE OF COMMERCE
TC/A.U. : 1761
Examiner : Keith D. Hendricks
Conf. No. : 4525
Docket No. : 9114M
Customer No. : 27752

NOTICE OF APPEAL FROM THE EXAMINER TO

THE BOARD OF PATENT APPEALS AND INTERFERENCES

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. The fee for this Notice of Appeal is \$500.00 (37 CFR 41.20(b)(1)).

The Director is hereby authorized to charge the above fees, or any additional fees that may be required, or credit any overpayment to Deposit Account No. 16-2480 in the name of The Procter & Gamble Company. An additional copy of this Notice is enclosed for that purpose.

I am an attorney or agent of record.

Respectfully submitted,

THE PROCTER & GAMBLE COMPANY

S. Robert Chuey
Registration No. 39,140
(513) 634-0102

06/14/2005 AWONDAF1 00000033 162480 10606260
01 FC:1401 500.00 DA

June 10, 2005

FEE TRANSMITTAL

for FY 2005

Patent fees are subject to annual revision.

Effective December 8, 2004

Complete if Known

Application Number	10/606,260
Confirmation Number	4525
Filing Date	June 25, 2003
First Named Inventor	David Vincent Zyzak, et al.
Examiner Name	K.D. Hendricks
Art Unit	1761
Attorney Docket No.	9114M

TOTAL AMOUNT OF PAYMENT (\$500)**METHOD OF PAYMENT**

1. ☒ The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:

Deposit Account Number: 16-2480

Deposit Account Name: The Procter & Gamble Company

FEE CALCULATION2. **BASIC FILING FEE - Large Entity**

	FILING FEE	SEARCH FEE	EXAMINATION FEE	Fee Paid
Application Type				
Utility	(\$300)	(\$500)	(\$200)	
			(Total = \$1000)	<input type="checkbox"/>
Design	(\$200)	(\$100)	(\$130)	
			(Total = \$430)	<input type="checkbox"/>
Reissue	(\$300)	(\$500)	(\$600)	
			(Total = \$1400)	<input type="checkbox"/>
Provisional filing fee			(Total = \$200)	<input type="checkbox"/>

3. **APPLICATION SIZE FEE:**

Sheets of Spec and Drawings ☐
 (\$250 for each 50 sheets in excess of 100, except for sequence and program listings)
SUBTOTAL (2)+(3) (\$)[0]

4. **EXTRA CLAIM FEES FOR UTILITY AND REISSUE:**

	Extra Claims	Fee from Below	Fee Paid
Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/>	<input type="checkbox"/>	=	<input type="checkbox"/>
Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/>	<input type="checkbox"/>	=	<input type="checkbox"/>
Multiple Dependent claims: <input type="checkbox"/>	<input type="checkbox"/>	=	<input type="checkbox"/>

** or number previously paid, if greater; For Reissues, see below

Fee Description

Claims in excess of 20 (\$50 per claim)

Independent claims in excess of 3 (\$200 per claim)

Multiple dependent claim, if not paid (\$360)

**Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim)

**Reissue claims: each claim over 20 and more than original patent (\$50 per claim)

SUBTOTAL (4) (\$)[0]**FEE CALCULATION (continued)**5. **ADDITIONAL FEES**

Fee Description	Fee Paid
Extension for reply within 1 st month	(\$120) <input type="checkbox"/>
Extension for reply within 2 nd month	(\$450) <input type="checkbox"/>
Extension for reply within 3 rd month	(\$1,120) <input type="checkbox"/>
Extension for reply within 4 th month	(\$1,590) <input type="checkbox"/>
Extension for reply within 5 th month	(\$2,160) <input type="checkbox"/>
Information Disclosure Statement fee	(\$180) <input type="checkbox"/>
37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)	(\$130) <input type="checkbox"/>
37 CFR 1.17 (q) Missing Parts (provisional)	(\$50) <input type="checkbox"/>
Non-English specification	(\$130) <input type="checkbox"/>
Notice of Appeal	(\$500) <input checked="" type="checkbox"/>
Filing a brief in support of an appeal	(\$500) <input type="checkbox"/>
Request for oral hearing	(\$1,000) <input type="checkbox"/>
Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,370) <input type="checkbox"/>
Other:	<input type="checkbox"/>

SUBTOTAL(5) (\$)[500]**SUBMITTED BY**

Name (Print/Type)

S. Robert Chuey

Registration No.
(Attorney/Agent)

39,140

Complete (if applicable)

Telephone

(513) 634-0102

Signature

Date

June 10, 2005

+ This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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